

# City of Milwaukee Health Department Childhood Lead Poisoning Prevention Program (CLPPP)

Application to Receive Funding for Lead Abatement

## Owner Occupied Property Eligibility Requirements

**The information below is a requirement for participation in the Childhood Lead Poisoning Prevention Abatement Program.**

The following questions must be answered by the owner of the property. The response to questions 1-6 must be YES in order to meet basic eligibility. Please answer all questions on the status of the property on the date you sign the application.

- |   |     |    |                          |
|---|-----|----|--------------------------|
| 1. Do you have a child under the age of 4 years old living at the address?  | Yes | No | <input type="checkbox"/> |
| 2. Is the property located in the program "target area"?<br>(Map available on the MHD website)<br><i>Approx Target Area: <u>North-Mill Road</u> <u>South-Oklahoma Ave</u> <u>East-River</u> <u>N/W 60<sup>th</sup> St</u> <u>S/W 38<sup>th</sup> St</u></i> | Yes | No | <input type="checkbox"/> |
| 3. Was your property built on or before 1950?   | Yes | No | <input type="checkbox"/> |
| 4. Is the single family home or duplex property assessed by the City of Milwaukee at less than \$150,000?   | Yes | No | <input type="checkbox"/> |
| 5. Are all interior and exterior City code violations corrected and closed by the Department of Neighborhood Services?  | Yes | No | <input type="checkbox"/> |
| 6. Are you current on all property tax payments for this property?  | Yes | No | <input type="checkbox"/> |
| 7. Is the property for sale, in a foreclosure status, or are you in any stage of bankruptcy?  | Yes | No | <input type="checkbox"/> |
| 8. Does the parent agree to all children at this property less than 6 years old to have a blood lead test?  | Yes | No | <input type="checkbox"/> |

Office  
use only

Rcv

Insp

☐☐☐☐☐☐☐☐

Stellar

Insp/PP

Property address: \_\_\_\_\_ Zip: \_\_\_\_\_ # of Units: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Primary Contact's Name: \_\_\_\_\_ Best time to be reached? \_\_\_\_\_  
(Between 7 am-4 pm M-F)

Owner's Telephone #: \_\_\_\_\_ Secondary Telephone #: \_\_\_\_\_

Owner email: \_\_\_\_\_ Preferred form of contact? Telephone or Email

I agree that the information provided on this application is correct to the best of my knowledge and that the Milwaukee Health Department will verify all provided information and make a final determination on program eligibility.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# City of Milwaukee Health Department Childhood Lead Poisoning Prevention Program (CLPPP)

Application to Receive Funding for Lead Abatement

## Federal Regulation Information

As an organization that receives federal funding, the City of Milwaukee Health Department Home Environmental Health Program must comply with Federal regulations in obtaining verification of race and ethnicity. Please provide the following information:

Head of household name: \_\_\_\_\_ Gender: Female Male

Race: ☐ American Indian or Alaska Native (AI) ☐ Asian (A) ☐ Black/African American (B)  
☐ Hispanic/Latino (H) ☐ Native Hawaiian or other Pacific Islander (PI) ☐ White (W)

Ethnicity: ☐ Hispanic/Latino (H) ☐ Not Hispanic or Latino

Do you need either of the following services? ☐ Interpreter Language: \_\_\_\_\_  
☐ I do not need any special service

---

### 2012 Income Characteristics for CDBG, ESG and Home Beneficiaries

Based on the Federal Income Guidelines below, the family size and income level of each beneficiary is determined by the number of members in the household and on the following chart:

Number in Household	Extremely Low (EL) Income Level	Very Low (VL) Income Level	Low Income Level (LI)
1	< \$15,400	\$15,401 - \$25,650	\$25,651 - \$41,000
2	< \$17,600	\$17,601 - \$29,300	\$29,301 - \$46,850
3	< \$19,800	\$19,801 - \$32,950	\$32,951 - \$52,700
4	< \$21,950	\$21,951 - \$36,600	\$36,601 - \$58,550
5	< \$23,750	\$23,701 - \$39,550	\$39,551 - \$63,250
6	< \$25,500	\$25,501 - \$42,500	\$42,501 - \$67,950
7	< \$27,250	\$27,251 - \$45,400	\$45,401 - \$72,650
8	< \$29,000	\$29,001 - \$48,350	\$48,351 - \$77,300

To qualify as a low income family/applicant, your entire household income for all wage earners (gross income as listed on an income tax form) must be less than the value in the chart based on the number of people living in the home.

- Using the chart above, **please circle the number of people** that currently live in the household.  
(First column of chart)
- Using the chart above and the number you circled for total number in the household, **please circle the household range of income that is on the same line.** (Second, third or fourth column of chart)

# City of Milwaukee Health Department Childhood Lead Poisoning Prevention Program (CLPPP)

Application to Receive Funding for Lead Abatement

## Occupant Information

**The information below is a requirement for participation in the Childhood Lead Poisoning Prevention Abatement Program.**

Documentation of all people (children and adults) living at the address listed below will be verified by the Health Department in order for the application to be considered and the project to proceed. (Tax records, School Verification, License, etc.)

Address: \_\_\_\_\_ Number in household: \_\_\_\_\_

List **everyone** that lives at the above address:

Name	Relationship to the owner	Birthdate	Employed?	Claimed on your taxes?
			Yes No	Yes No
			Yes No	Yes No
			Yes No	Yes No
			Yes No	Yes No
			Yes No	Yes No
			Yes No	Yes No
			Yes No	Yes No
			Yes No	Yes No

Signature of Person Completing \_\_\_\_\_ Date: \_\_\_\_\_

## Income Verification

Proof of my household income is being provided to verify that my household is low-income and qualifies for window lead abatement funds. I understand that this information will be kept confidential and will only be provided to the funder.

**I will provide a copy of the following for each employed individual living in the home:**

- ✓ Most current pay stub from my employer
- ✓ Most current year's income tax
- ✓ Last unemployment check received
- ✓ Most current Social Security check received
- ✓ Documentation of any other income sources

# City of Milwaukee Health Department Childhood Lead Poisoning Prevention Program (CLPPP)

Application to Receive Funding for Lead Abatement

## Window Lead Abatement Owner Responsibilities

Please initial and date on the line provided after reading each statement.

- \_\_\_\_\_ 1. Property owners must repair lead paint and safety hazards written on the “Owners Scope of Work” within 60 days with the exception of winter months. This document stating the scope deadline will be provided at the initial property inspection.
- \_\_\_\_\_ 2. The owner has three options **to complete** the “Owners Scope of Work”:
- Hire a Certified Lead Abatement Contractor or Wisconsin Certified Lead Safe Renovator or
  - Property owner can attend an approved 8 hour lead safe renovation course to do the work on his/her own or
  - If Lead Risk Assessor determines less than 20 square feet of repair needed, owner may complete scope of work
- \_\_\_\_\_ 3. The City of Milwaukee Health Department (MHD) will pay part or all of the costs for abatement of windows based on the current funding availability. Funding may vary.

Window lead abatement includes either a window treatment (using the existing windows and include the installation of vinyl jamb liners) or new vinyl replacement windows.

## Window Lead Abatement Contact Information

For program questions contact:

Home Environmental Health Program  
(414) 225-LEAD (225-5323)  
Fax: (414) 286-0715

Mail completed application and documents to:

**City of Milwaukee Health Department  
Lead Abatement - CLPPP  
841 N. Broadway, Room 118  
Milwaukee, WI 53202**

### What is the next step after applying?

- Your application will be reviewed, and if you meet program eligibility you will be contacted by Program staff and asked to submit verification documentation, upon completion you will receive a letter notifying you of the assigned Lead Risk Inspector who will contact you to set up an initial property inspection.
- If your application is disqualified, you will receive a letter in the mail. Letters are mailed to the owner's address listed on page 1 of the application.

The City of Milwaukee Health Department in its capacity as an employer and service provider does not discriminate on the basis of age, race, religion, color, gender, national origin, arrest or conviction record, sexual orientation, disability, political belief or affiliation, or military participation. Persons needing disability assistance information, language assistance or interpreter services please call 414-286-0387.